California Medical Assistance Commission

Annual Report To The Legislature 2006

CALIFORNIA MEDICAL ASSISTANCE COMMISSION
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EXECUTIVE SUMMARY

The California Medical Assistance Commission (CMAC) was established by the Legislature in 1983 and is governed by Welfare and Institutions Code sections 14165 et seq., and the California Code of Regulations, title 22, sections 100501 et seq. CMAC is the agency established for negotiating contracts with managed care plans and hospitals, on behalf of the State for specific services, under the Medi-Cal program. The goal of the Commission is to promote efficient and cost-effective Medi-Cal programs through a system of negotiated contracts fostering competition and maintaining access to quality health care for Medi-Cal beneficiaries.

This 23rd Annual Report to the Legislature by CMAC reports access and cost information relating to the past year's operation of the Medi-Cal Selective Provider Contracting Program (SPCP), as well as the Medi-Cal County Organized Health Systems (COHS) and Medi-Cal Geographic Managed Care (GMC) programs for which CMAC has negotiating responsibility.

SELECTIVE PROVIDER CONTRACTING PROGRAM (SPCP)

The SPCP was established by the Legislature in 1982 and operates under a federal waiver in accordance with Section 1115(a), title XIX, of the Social Security Act, Medicaid Demonstration, entitled Medi-Cal Hospital/Uninsured Care Demonstration Project Act (Waiver 11-W-0001 93/9). Other State law and regulations governing the SPCP are set forth in Welfare and Institutions Code sections 14166 et seq. and California Code of Regulations, title 22, section 51541. Through CMAC, the State selectively contracts, on a competitive basis, with those hospitals in California that prefer to be reimbursed under the terms of an SPCP contract for services provided to Medi-Cal beneficiaries. The SPCP has operated successfully for over 22 years. Competitive contracting has assured continued hospital access for Medi-Cal beneficiaries while, at the same time, saving the state and federal governments substantial funds.

SPCP Beneficiary Access

From its inception, the SPCP has selectively contracted with hospitals for Medi-Cal reimbursement for services provided to beneficiaries. The requirement that the program ensure sufficient hospital beds to serve the Medi-cal population has always been a key criterion in determining which hospitals should be SPCP contracting hospitals.

Overall, the 216 general acute care hospitals contracting with the State under the SPCP program have sufficient capacity to provide all of the general acute care inpatient services necessary for beneficiaries in the areas where the hospitals operate. These 216 hospitals have over four times the number of licensed beds necessary to meet the general acute care inpatient needs of fee-for-service Medi-Cal beneficiaries in those areas of the State.

MANAGED CARE – COHS AND GMC

In addition to CMAC's role in SPCP per diem negotiations with hospitals, CMAC is also charged with negotiating four of the State's County Organized Health Systems (COHS) and both of the Geographic Managed Care (GMC) programs.

The COHS model is a mechanism by which a county may operate a managed care model. Enrollment in a COHS is mandatory for virtually the entire Medi-Cal population in that county and occurs concurrently with enrollment in the Medi-Cal program. As authorized under Welfare and Institutions Code section 14087.5, the four COHS plans that negotiate with the Commission for their Medi-Cal reimbursement rates are:

- Health Plan of San Mateo (San Mateo County)
- Partnership Health Plan of California (Solano, Napa and Yolo Counties)
- CalOPTIMA (Orange County)
- Central Coast Alliance for Health (Santa Cruz and Monterey Counties)

GMC is a Medi-Cal managed care model designed to provide a comprehensive program of managed care with maximum access by allowing Medi-Cal beneficiaries, in clearly defined geographical areas of the State, to choose among competing commercial health maintenance organizations (HMOs) (Welf. & Inst. §14089.). The features that distinguish the GMC model from the COHS managed care model are multiple HMOs, beneficiary choice of an HMO, and some voluntary enrollment categories.

The California Medical Assistance Commission negotiates contract rates, terms and conditions for Medi-Cal contracts between the competing HMOs and the California Department of Health Services (CDHS) for a standard

benefit package. There are two GMC programs currently operating in California:

- Sacramento Geographic Managed Care
- Healthy San Diego

PROGRAM SAVINGS - SPCP AND MANAGED CARE

In addition to ensuring hospital access for beneficiaries through the competitive SPCP contracting program, the State has saved a significant amount of funds—a total of approximately $9.1 billion in State General Fund savings since 1983. For fiscal year 2005-06 alone, State General Fund savings attributable to the SPCP are estimated to be $858.5 million. These are funds that would have been spent, had the State continued operating under the traditional, cost-based reimbursement system, which continues to operate in many parts of the United States.

Based on a fiscal year 2005-06 average statewide Medi-Cal SPCP contract rate of $1,108 per day, the average contract rate has increased 115.8 percent, or approximately 3.6 percent per year on a compound basis, since the inception of the SPCP program. For non-SPCP hospitals remaining under the cost-based reimbursement system, the average payment rate for the same period has increased 234.5 percent, or approximately 5.6 percent per year on a compound basis. The average SPCP contract rate is based on the negotiated rates of the 193 hospitals with whom CMAC maintained rate contracts as of December 1, 2005. This year's average rate calculation does not include the 23 hospitals that, under the new federal waiver, will be receiving Medi-Cal payments based on their certified public expenditures rather than on CMAC negotiated rates. These hospitals are listed in the Special Programs section of this report. These 23 hospitals will continue to maintain SPCP contracts and will provide access to Medi-Cal beneficiaries. Additional detail on the new federal waiver is set forth later in this report.

Through CMAC negotiations with COHS and GMC programs, an estimated State General Fund savings of $290.0 million was achieved in fiscal year 2005-06. It is estimated that this amount represents the additional expenditure that would have been occurred, had the State continued providing care for the enrolled population through the traditional fee-for-service delivery system. A total State General Fund savings of over $1.15 billion has accrued since the commencement of CMAC managed care negotiations.

CONCLUSIONS

In summary, the SPCP and managed care activities of CMAC continue to: (1) ensure access for Medi-Cal beneficiaries to hospital inpatient and health plan services, and (2) remain cost-effective programs for delivering and paying for those services in the year 2006.

SELECTIVE PROVIDER CONTRACTING PROGRAM

EFFECT OF SELECTIVE CONTRACTING ON ACCESS AND COST

The primary responsibility of the California Medical Assistance Commission (CMAC) is to maintain the integrity of the Medi-Cal Selective Provider Contracting Program (SPCP). For over twenty-two years, the SPCP has worked to provide access to hospital acute care inpatient services for Medi-Cal beneficiaries sufficient to meet need, while at the same time achieving significant savings over the traditional "cost-based" reimbursement system being utilized by many other states. Employing the concepts of competition and negotiation, the SPCP has more than two decades of experience that demonstrate the value of those concepts in the purchase of Medi-Cal health care services.

HOSPITALS AVAILABLE FOR MEDI-CAL BENEFICIARIES

Since the inception of the SPCP, the Commission has provided updated statistics to the Legislature annually that describe the current extent of acute care inpatient services available under an SPCP contract. An important consideration in evaluating the program has been the extent to which the "selective" aspect of the contracting program still assures that there are sufficient hospital beds and services available to Medi-Cal beneficiaries. A variety of analyses have been presented in previous reports to describe the availability and use of SPCP contracted services. Many of those analyses are updated for this report.

Of the 216 general acute care hospitals under contract, 210 hospitals are under contract in 63 "closed areas" of the State. "Closed areas" are those Health Facility Planning Areas (HFPAs) where SPCP contracts have been signed and Medi-Cal beneficiaries must receive inpatient care at a contract hospital, except in emergencies or as provided for under Welfare and Institutions Code section 14087. Six other hospitals are under contract in "open areas" of the State. "Open areas" are those HFPAs where the SPCP is not in effect. These are primarily rural, one-hospital areas where the principles

of competitive contracting do not apply. There were no changes in the SPCP status of any HFPA in 2005. A listing of all HFPAs containing at least one contract hospital and showing all hospitals and their contracting status in each of those HFPAs is included in this report as Appendix A.

The number of hospitals entering into new SPCP contracts, terminating contracts and recontracting after termination since December 1, 1982 is presented in Table 1. A total of 216 general acute care hospitals were under contract as of December 1, 2005, one fewer than the previous year. This resulted from the contract termination of two hospitals, one of which transferred its patients to another contract hospital, the closure of one hospital, the consolidation of one license, two hospitals contracting for the first time, and one recontracting. Contracting status changes are provided in Table 2, and a listing of all SPCP contract hospitals available to Medi-Cal beneficiaries as of December 1, 2005, is provided in Appendix B.

TABLE 1

SPCP CONTRACT CHANGES
FROM DECEMBER 2, 1982 TO DECEMBER 1, 2005

	PRIOR MULTI-YEAR PERIODS			ANNUAL CHANGES			TOTAL
	82/86	**86/90**	**90/02**	**02/03**	**03/04**	**04/05**	**82/05**
Contracts at Start	0	271	236	234	229	217	0
New Contracts	293	21	61	0	1	2	378
Terminations/ Closures/ Consolidations	-30	-67	-100*	-5	-14	-4	-220
Recontracted	8	11	37	0	1	1	58
Contracts at End	**271**	**236**	**234**	**229**	**217**	**216**	**216**

* Seven of these terminations were the result of converting the contract fee-for-service mental health system to the State Department of Mental Health's managed care system effective January 1, 1995.

Source: CMAC Management Information System

TABLE 2

HOSPITALS WITH SPCP CONTRACT CHANGES FROM DECEMBER 2, 2004 THROUGH DECEMBER 1, 2005

HOSPITAL	LOCATION
Hospitals Initiating Contracting for the First Time (2)	
Oroville Hospital	Oroville
San Leandro Hospital	Hayward
Hospitals Recontracting (1)	
Downey Regional Medical Center	Los Angeles
Hospitals Terminating (2)	
Orthopaedic Hospital*	Los Angeles
Doctors Hospital of Manteca	Stockton
Hospitals Closing (1)	
Robert F. Kennedy Medical Center**	Inglewood
Contract Changes Due to Mergers/License Consolidations (1)	

* Ended acute inpatient services and transferred patients to UCLA-Santa Monica
** Closed December 9, 2004

The net change in the percentage of licensed beds available to Medi-Cal beneficiaries due solely to the above contracting status changes has been a reduction of less than 1%.

SERVICE CAPACITY AVAILABLE TO MEET NEED

Table 3 presents data showing the percent of "Medi-Cal Area Need Under Contract." The table depicts acute inpatient hospital bed capacity under contract, as a percentage of the area bed need required to assure that Medi-Cal beneficiaries have access to acute inpatient services under the SPCP. The data is for calendar year 2004 and indicates, with the exception of two specific instances involving burn center services, that sufficient bed capacity was available in SPCP contracting hospitals to meet the acute inpatient hospitalization needs of Medi-Cal beneficiaries for the specified

services in all geographic areas. The annotation "N/A" for Coastal and Riverside County is due to the fact that there are no licensed burn beds in these two areas.

CMAC takes into consideration trends with respect to acute inpatient utilization; changes in the availability of licensed bed services, e.g., neonatal intensive care; mergers and consolidations of hospitals; and the effect of managed care—both generally and specifically for Medi-Cal beneficiaries being served under the SPCP.

TABLE 3

PERCENT OF 2004 MEDI-CAL AREA NEED UNDER SPCP CONTRACT

AREA*	TOTAL	MS/ICU	OB	NICU	PED	REHAB	BURN
STATEWIDE	432%	540%	257%	174%	356%	1066%	789%
SACRAMENTO	342%	440%	293%	112%	176%	416%	118%
SAN FRANCISCO BAY	590%	781%	289%	194%	329%	618%	821%
SAN JOAQUIN VALLEY	293%	332%	275%	170%	200%	978%	166%
COASTAL	716%	1244%	201%	222%	2055%	4256%	N/A
LOS ANGELES	408%	492%	224%	167%	471%	2151%	1609%
ORANGE	592%	1155%	246%	163%	211%	5204%	667%
RIVERSIDE	436%	549%	268%	156%	754%	340%	N/A
SAN BERNARDINO	269%	321%	229%	121%	243%	260%	597%
SAN DIEGO	524%	557%	488%	297%	371%	1745%	351%

* Refer to Appendix A, Closed Area Name, for identification of HFPAs within each Area designation.

Service Codes		
	MS/ICU	Medical-Surgical & Intensive Care
	OB	Obstetrics
	NICU	Neonatal Intensive Care Unit
	PED	Pediatrics
	REHAB	Acute Rehabilitation
	BURN	Burn Center

Table 3 indicates that the statewide total for vacant licensed beds under SPCP contract was 432 percent greater than the Medi-Cal patient caseload

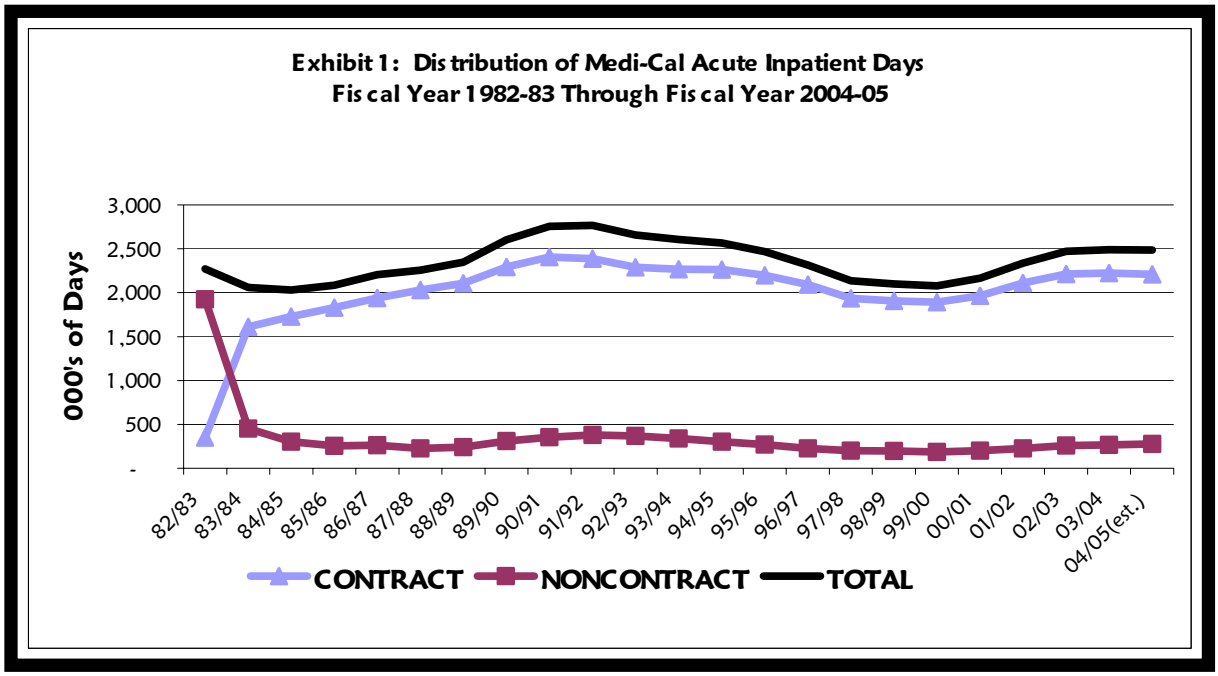
required in 2004. The licensed beds and non-Medi-Cal patient caseload data was collected from the 2004 Annual Utilization Report of Hospitals from the Office of Statewide Health Planning and Development, which represents the most recent and complete report at the time this table was developed. Medi-Cal patient caseload data for 2004 was used in order to provide comparability to data derived from the 2004 Annual Utilization Report of Hospitals.

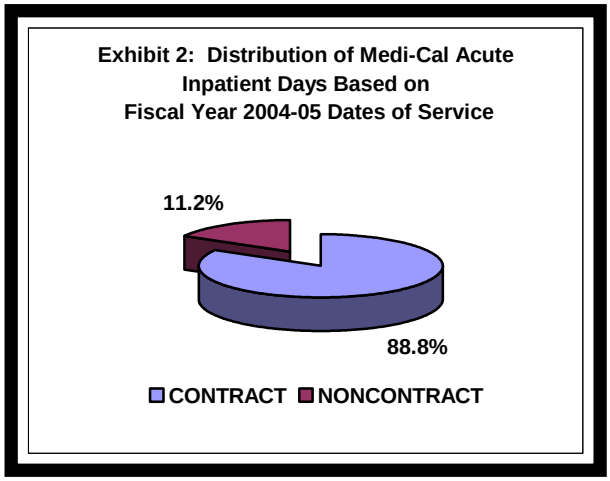
MEDI-CAL INPATIENT EXPENDITURES AND UTILIZATION

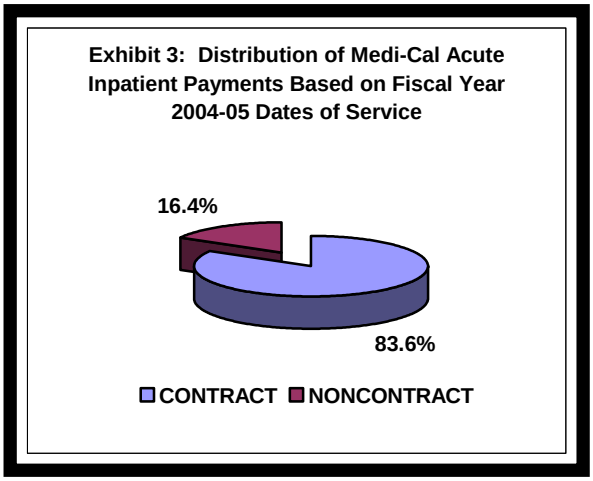
All days and dollars cited in this section are estimates for services provided in fiscal year 2004-05 based on fee-for-service (non-managed care) payments made by the State's Medi-Cal fiscal intermediary. Statewide, fee-for-service Medi-Cal expenditures for general acute care hospital inpatient services provided in fiscal year 2004-05 were approximately $3.20 billion in State and federal funds. Of this amount, approximately $2.68 billion, or 83.6 percent, was paid to SPCP hospitals. Non-contract hospitals accounted for 16.4 percent of the payments.

In fiscal year 2004-05, the Medi-Cal program purchased approximately 2.49 million days of inpatient hospital acute care at SPCP contract and non-contract hospitals, virtually the same number as the previous fiscal year. SPCP contract hospitals provided approximately 2.21 million patient days of care in fiscal year 2004-05, representing 88.8 percent of the total inpatient acute care days provided to Medi-Cal beneficiaries. Non-contract hospitals provided the remaining 11.2 percent of total inpatient acute care days.

The following Exhibits display the current distribution of Medi-Cal acute inpatient days and payments between SPCP contract and non-contract hospitals as well as their trends since the inception of the SPCP.







AVERAGE PAYMENT RATE CHANGES

Although CMAC continues to maintain contracts with 216 general acute care hospitals, as of December 1, 2005, only 193 of those contracts were for negotiated per diem rates. Twenty-three public hospitals will be reimbursed on a certified public expenditures basis, as described in the Special Programs section of this report. The average per-day reimbursement received by the

193 general acute care hospitals with Medi-Cal SPCP per diem contracts on December 1, 2005 was $1,108. Amounts paid to the 23 public hospitals now reimbursed on a CPE basis were not included in the average per diem calculation. The overall increase in the statewide average resulted from the combination of the following effects during the twelve-month period:

- 107 contract hospitals received an increase in rates through the negotiation process; there were 23 such increases in the previous year;

- 3 contract hospitals experienced a negotiated decrease in rates;

- 2 hospitals began contracting for the first time;

- 3 general acute care hospitals either closed their doors or terminated their contracts;

- 1 hospital recontracted.

- 2 hospitals consolidated their licenses under one contract.

As of December 1, 2005, there were no SPCP contracting hospitals paid an all-inclusive rate per discharge. There were four SPCP contracting hospitals with rate structures that included a separate discharge rate for obstetrical services, two less than the prior year.

Table 4 displays average contract rates by region and hospital size for calendar years 1984 through 2005. These numbers represent the average rate paid under SPCP contract as of December 1 for each year reported. The average rate a SPCP contract hospital receives has increased 115.8 percent from 1984 through 2005, or approximately 3.6 percent per year on a compound basis. This is in contrast to the historical change in the average payment rate to non-contracting hospitals. Under the cost-based reimbursement system, the average payment rate from 1984 to 2005 has

increased 234.5 percent or approximately 5.6 percent per year on a compound basis.

TABLE 4

AVERAGE MEDI-CAL SPCP CONTRACT RATES AS OF DECEMBER 1, 2005

YEAR	1984	1987	1990	1993	1996	2000	2001	2002	2003	2004	2005
STATEWIDE	$513	$544	$651	$780	$836	$905	$957	$991	$1,028	$1,065	$1,108
BY COMBINED STATISTICAL AREA (CSA)*											
So. California	$516	$541	$662	$789	$837	$891	$921	$952	$964	$992	$1,014
SF Bay Area	$562	$592	$682	$816	$873	$985	$1,104	$1,178	$1,218	$1,285	$1,363
Other Areas	$483	$525	$620	$748	$815	$905	$962	$999	$1,060	$1,095	$1,172
BY NUMBER OF BEDS:											
1 – 99	$467	$480	$544	$647	$686	$777	$799	$839	$855	$867	$926
100 – 299	$511	$545	$653	$780	$842	$911	$952	$982	$1,041	$1,070	$1,121
300 +	$578	$619	$738	$871	$918	$1029	$1,098	$1,127	$1,154	$1,207	$1,232

*CSA – Area designations of the U.S. Office of Management and Budget

Southern California =	Counties of Los Angeles, Orange, Riverside, San Bernardino and Ventura
San Francisco Bay Area =	Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma
Other Areas =	All other counties or CSAs containing an insufficient number of hospitals to allow for meaningful comparisons.

Sources: CMAC Management Information System and Office of Statewide Health Planning and Development Hospital Annual Disclosure Report, Year 29 (fiscal year 2003-04).

ANALYSIS OF FISCAL IMPACT OF SPCP CONTRACTING PROGRAM

The implementation of the SPCP has generated substantial General Fund savings. These General Fund savings have increased from less than $100.0 million per annum during the early years of the SPCP to the current estimate of $858.5 million in General Fund savings for fiscal year 2005-06.

For the past twenty-three years, the fiscal impact of SPCP contracting has been monitored by comparing negotiated contract rates with estimates of what hospitals would have been paid under the cost-based reimbursement

system. The Audits and Investigations Division of the CDHS compiles data on Medi-Cal allowable costs and utilization as reported by each hospital for every fiscal year. This information is used to calculate allowable costs per day for each hospital. This figure is then adjusted by statewide inpatient inflation factors to arrive at a benchmark rate for each hospital.

These per day benchmark rates for contracting hospitals are then compared to actual CMAC negotiated rates. The number of days of service rendered by each hospital is multiplied by both the benchmark and the negotiated rate. The latter is subtracted from the former to show the SPCP savings estimate for each hospital. The result of adding the State General Fund savings figures for all hospitals under contract as of December 1, 2005 is a projected SPCP expenditure estimated to be $858.5 million less than the total benchmark expenditure estimate for the year.

It is not possible to identify the amount of State General Fund savings produced by the SPCP with absolute certainty because it is difficult to accurately project what each contracting hospital would have received if the SPCP were discontinued and each hospital were to return to the cost-based reimbursement system. It is possible that hospitals would spend more than their estimated benchmarks because there would be less of an incentive to control costs under a cost-based reimbursement system. Thus, while CMAC continues to calculate estimated SPCP savings figures, CMAC is reluctant to precisely represent an exact figure as SPCP savings for a particular year.

FEDERAL WAIVER

Since its inception, the SPCP has operated under a federal waiver, in accordance with Section 1915(b)(4) of the Social Security Act. On August 31, 2005, the Centers for Medicare & Medicaid Services (CMS) approved a new federal waiver that encompassed a broad range of revisions to hospital Medi-Cal reimbursement. The new federal waiver was approved by CMS as a Medicaid demonstration project under the authority of Section 1115(a) of the Social Security Act. The most notable features of the new federal demonstration waiver include:

- the creation of a Safety Net Care Pool that makes new federal funds available to the State for medical care expenditures for

the uninsured and for the expansion of health care coverage to the uninsured population;

- the authority to continue the SPCP for private and district hospitals, with CMAC continuing to negotiate rates for the hospital inpatient services these hospitals provide under the Medi-Cal program;

- a new federal waiver approved for the five-year period September 1, 2005 through August 31, 2010.

In addition to the new federal demonstration waiver, the Medi-Cal Hospital/Uninsured Care Demonstration Project Act (Senate Bill 1100, Chapter 560, Statutes of 2005) added Article 5.2, Section 14166, et. seq., to the Welfare and Institutions Code, and changed the methodology by which some California hospitals are reimbursed under the Medi-Cal program. These changes are summarized under the Special Programs section of this report.

Notwithstanding the recent hospital reimbursement changes, the SPCP remains a cost-effective program. Relatedly, the SPCP saves the State substantial General Fund dollars when hospital per diem rates negotiated under the SPCP are compared to estimated Medi-Cal cost-based reimbursements.

SPECIAL PROGRAMS

In accordance with the Medi-Cal Hospital/Uninsured Care Demonstration Project Act, the primary Medi-Cal reimbursement method for public (the University of California and county) hospitals will be based on certified public expenditures (CPE). The Act also eliminated the use of most intergovernmental transfers and established other funding mechanisms. While these hospitals still maintain SPCP contracts with the State, CMAC no longer negotiates inpatient rates with the University of California and county hospitals for the hospital inpatient services they provide under the fee-for-service Medi-Cal program. Instead, the CDHS will determine Medi-Cal reimbursement levels

for these hospitals as specified in the Act. The 23 hospitals covered by this new reimbursement method are listed below:

ALAMEDA COUNTY MEDICAL CENTER
ARROWHEAD REGIONAL MEDICAL CENTER
CONTRA COSTA REGIONAL MEDICAL CENTER
KERN MEDICAL CENTER
LOS ANGELES CO. HARBOR/UCLA MEDICAL
LOS ANGELES CO. MARTIN LUTHER KING/DREW
LOS ANGELES CO. OLIVE VIEW MEDICAL
LOS ANGELES CO. RANCHO LOS AMIGOS
LOS ANGELES CO. USC MEDICAL CENTER
NATIVIDAD MEDICAL CENTER
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
SAN JOAQUIN GENERAL HOSPITAL
SAN MATEO MEDICAL CENTER
SANTA CLARA VALLEY MEDICAL CENTER
TUOLUMNE GENERAL HOSPITAL
UC IRVINE MEDICAL CENTER
UC DAVIS MEDICAL CENTER
UC MEDICAL CENTER-SAN DIEGO
UCLA - SANTA MONICA CAMPUS
UCLA MEDICAL CENTER
UCSF HOSPITAL
VENTURA COUNTY MEDICAL CENTER

For private and nondesignated public, or district, hospitals, the Act continues the SPCP. CMAC will continue to negotiate inpatient rates with private and district hospitals for the hospital inpatient services they provide under the fee-for-service Medi-Cal program.

The Act also created new hospital supplemental payment programs, and restructured how supplemental payment programs are funded.

Private Hospital Supplemental Fund

The Medi-Cal Hospital/Uninsured Care Demonstration Project Act created the Private Hospital Supplemental Fund (Welf. & Inst. § 14166.12.). Payments available to qualifying SPCP hospitals under the Private Hospital Supplemental Fund are based in part on the provisions in the Act, with the rest subject to negotiations with the CMAC. The program is currently supported with State General Funds, which are matched by the federal government.

To be eligible for payments from the Private Hospital Supplemental Fund, private hospitals must meet criteria in current State law for the Emergency Services and Supplemental Payment Program, the Medi-Cal Medical Education Supplemental Payment and Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Programs, or the Small and Rural Hospital Supplemental Payment Program. Payments will no longer be made from the funds that were established for these prior supplemental payment programs. As of the publication of this report, $272.4 million in payments to eligible hospitals for State Fiscal Year 2005-06 have been approved by the Commission and distributed. Payments for hospitals that meet the eligibility criteria will now be made solely from the Private Hospital Supplemental Fund. Eligibility criteria for these prior supplemental payment programs are as follows:

Emergency Services and Supplemental Payment Program

The Emergency Services and Supplemental Payment Program was enacted in 1989 in response to threatened emergency department closures and trauma system collapse in Los Angeles County (Welf. & Inst. § 14085.6.).

To be eligible for the Emergency Services and Supplemental Payment Program, a hospital must:

- be a contract hospital under the SPCP; and
- be a disproportionate share Medi-Cal provider (Welf. & Inst. §§ 14105.98, 14163.); and
- demonstrate a purpose for additional funding including proposals for expanding and/or improving access to

emergency room and other health care services; and

- be licensed to provide basic or comprehensive emergency services (or be a Children's' hospital which provides emergency services in conjunction with another hospital); or

- be a hospital designated by the National Cancer Institute as a comprehensive or clinical cancer research center.

Medi-Cal Medical Education Supplemental Payment and Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Programs

Welfare and Institutions Code sections 14085.7 and 14085.8 were adopted in the mid-1990s to create two new supplemental payment programs in support of medical education. The purpose of such programs is to recognize medical education costs associated with health care services rendered to Medi-Cal beneficiaries.

To be eligible for these Medical Education programs, a hospital must:

- be a contract hospital under the SPCP; and

- be a university teaching hospital or major (non-university) teaching hospital, as defined in Welfare and Institutions Code, section 14085.7; or

- be a large teaching-emphasis hospital, or children's hospital, as defined in Welfare and Institutions Code, section 14085.8 and be eligible under the Disproportionate Share Hospital program as defined in Welfare and Institutions Code, section 14105.98, subdivision (a)(3).

Small and Rural Hospital Supplemental Payment Program

Welfare and Institutions Code section 14085.9 authorizes the Small and Rural Hospital Supplemental Payment Program. This program was established to provide supplemental reimbursements to small and rural hospitals with standby emergency rooms that do not qualify for reimbursement under the Emergency Services and Supplemental Payment Program (Welf. & Inst. § 14085.6.).

To be eligible for this program, a hospital must be:

- a contract hospital under the SPCP; and
- a small and rural hospital; and
- a disproportionate share Medi-Cal provider (Welf. & Inst. §§ 14105.98, 14163.); and
- licensed to provide standby emergency room services.

Nondesignated Public Hospital Supplemental Fund

The Medi-Cal Hospital/Uninsured Care Demonstration Project Act also established the Nondesignated Public Hospital Supplemental Fund (Welf. & Inst. § 14166.17.). Nondesignated public hospitals are public hospitals defined in Welfare and Institutions Code section 14105.98(a)(25), excluding designated public hospitals reimbursed on a certified public expenditure basis, which participate under the SPCP. Nondesignated public hospitals are primarily district hospitals.

For nondesignated public, or district hospitals, the Act continues the SPCP. CMAC will continue to negotiate rates, terms and conditions with district hospitals for the hospital inpatient services they provide under the Medi-Cal program. To qualify for supplemental payments financed through the Nondesignated Public Hospital Supplemental Fund, district hospitals must also meet criteria in current State law for at least one of the following supplemental payment programs:

- Emergency Services and Supplemental Payment Program, or

- Medi-Cal Medical Education Supplemental Payment and Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Programs, or

- Small and Rural Hospital Supplemental Payment Program.

In fiscal year 2005-06, $3.7 million has been distributed to hospitals eligible under this program.

For additional information regarding the above supplemental payment programs funded through the Nondesignated Public Hospital Supplemental Fund, please refer to the Private Hospital Supplemental Fund section of this report.

Construction and Renovation Reimbursement Program

Welfare and Institutions Code section 14085.5 authorizes the Construction and Renovation Reimbursement Program. This program provides supplemental reimbursement for the debt service incurred on the revenue bonds for construction, renovation, or replacement of facilities or fixed equipment.

To be eligible for reimbursements under this program, a hospital must be:

- a contract hospital under SPCP; and

- serve a disproportionate number of Medi-Cal beneficiaries or other low income patients; and

- have a required plan for a new capital project funded by new debt submitted to the Office of Statewide Health Planning and Development after September 1, 1988 and prior to June 30, 1994.

While the Construction and Renovation Reimbursement Program is administered by the CDHS, the payment authority is incorporated into SPCP hospital contracts. During fiscal year 2005-06, an estimated $124.9 million in additional payments to hospitals were made as a result of the SB 1732 program.

Distressed Hospital Fund

The Medi-Cal Hospital/Uninsured Care Demonstration Project Act also established a Distressed Hospital Fund (DHF) (Welf. & Inst. § 14166.23.) for SPCP contract hospitals that meet all of the following requirements, as determined by CMAC in its discretion:

- the hospital serves a substantial volume of Medi-Cal patients measured either as a percentage of the hospital's overall volume or by the total volume of Medi-Cal services furnished by the hospital; and

- the hospital is a critical component of the Medi-Cal program's health care delivery system, such that the Medi-Cal health care delivery system would be significantly disrupted if the hospital reduced its Medi-Cal services or no longer participated in the Medi-Cal program; and

- the hospital is facing a significant financial hardship that may impair its ability to continue its range of services for the Medi-Cal program.

The authority establishing the Distressed Hospital Fund (DHF) provides that CMAC may negotiate with Selective Provider Contracting Program (SPCP) hospitals that meet the three statutory criteria for distributions from the DHF (Welf. & Inst. § 14166.23.).

All SPCP hospitals were invited to submit a proposal requesting a distribution from the DHF for fiscal year 2005-06. Each hospital was asked to clearly demonstrate how the hospital meets the statutory criteria, and to clearly state why CMAC should consider their proposal over others. No hospital types were excluded from an opportunity to apply for distributions from the DHF.

For fiscal year 2005-06 distribution CMAC received over 80 proposals requesting well over $140 million. In order to maximize the effectiveness of the limited amount of available funds (approximately $13 million, plus federal financial participation (FFP) if available), CMAC found it necessary to focus its effort on a small number of hospitals. This focus is consistent with many of the comments received from hospitals and their Association representatives during CMAC's January 12, 2006 public meeting. The need to focus on only a few facilities was apparent when, considering that if all SPCP hospitals, or even just the hospitals that submitted proposals, were to receive equal DHF payments, the DHF amounts would have only been $50,000 to $150,000, plus FFP if available, for each hospital. This structure would fail to meet the financial impact objective expressed by the hospitals and their Association representatives.

CMAC reviewed and analyzed each SPCP hospital proposal for consideration as a distressed hospital, and utilized a range of factors as it always does in negotiating supplemental programs and general rate amendments. Due to the large number of hospitals in need, CMAC had to make some very difficult decisions. Although many proposals had merit, in order to maximize the effectiveness of the limited amount of available DHF funds, CMAC focused on a small number of hospitals. Therefore, only a few hospitals were provided DHF offers to address their immediate financial needs.

CMAC distributed the total amount of DHF funds available for fiscal year 2005-06. However, in the latter part of fiscal year 2006-07, stabilization funds up to $23.5 million may become available and deposited into the DHF for additional fiscal year 2005-06 distribution, when CDHS has determined the stabilization amount for fiscal year 2005-06.

The distribution of the fiscal year 2005-06 DHF funds is intended to address the immediate financial needs of hospitals. DHF distributions for subsequent fiscal years will be separately determined to the extent DHF funds are available for CMAC negotiations. Hospitals that receive DHF funds this year may or may not receive DHF funds in future years. Conversely, hospitals that do not receive DHF funds this year may receive funds in future years. CMAC will continue to consider all of its funding resources in an effort to be responsive to hospital financial needs within the constraints of the State budget and the objectives of the SPCP.

MANAGED CARE

Since the mid-1990s, CMAC has negotiated the CDHS' Medi-Cal managed care contracts with four of the five County Organized Health Systems (COHS) and both of the Geographic Managed Care (GMC) programs.

The COHS model is a mechanism by which a county may operate a managed health care plan to deliver medical services to local Medi-Cal beneficiaries. Enrollment in a COHS is mandatory for virtually the entire Medi-Cal population in that county and occurs concurrently with enrollment in the Medi-Cal program. As authorized under Welfare and Institutions Code section 14087.5, the four COHS plans that negotiate with CMAC for their Medi-Cal reimbursement rates are:

- Health Plan of San Mateo (San Mateo County);
- Partnership Health Plan of California (Solano, Napa and Yolo Counties);
- CalOPTIMA (Orange County); and
- Central Coast Alliance for Health (Santa Cruz and Monterey Counties).

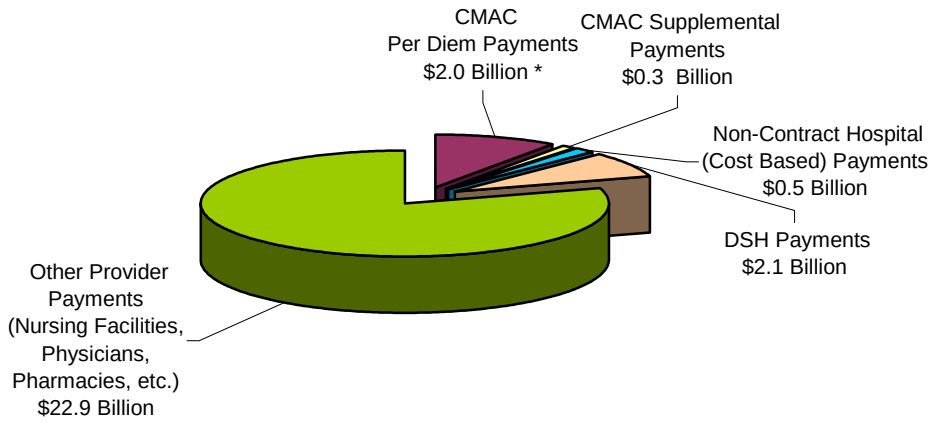
Under the GMC model, CMAC negotiates contract rates, terms and conditions for Medi-Cal contracts between competing HMOs and the CDHS for a standard benefit package. There are two GMC programs currently operating in California, one in Sacramento County, which includes coverage for dental services, and the other in San Diego County.

GMC is a Medi-Cal managed care model designed to provide a comprehensive program of managed care with maximum access by allowing Medi-Cal beneficiaries, in clearly defined geographical areas of the State, to choose among competing commercial health maintenance organizations (HMOs) (Welf. & Inst. § 14089.). The features that distinguish the GMC model from the COHS managed care model are multiple HMOs, beneficiary choice of an HMO, and some voluntary enrollment categories.

In fiscal year 2005-06, the State General Fund savings due to CMAC's managed care rate negotiations are estimated to be $290.0 million. Since the commencement of CMAC managed care negotiations, the accumulated State General Fund annual savings associated with these negotiations are estimated to be in excess of $1.15 billion.

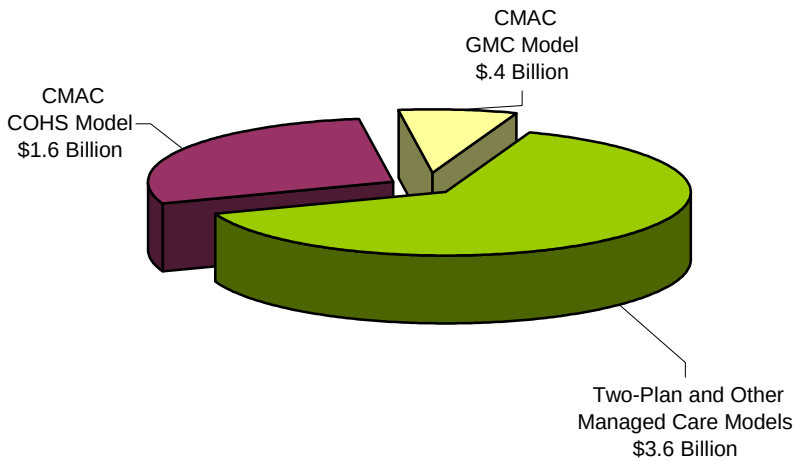
As shown in Exhibits 4 and 5, and as projected from the fiscal year 2005-06 Medi-Cal Estimate (prepared by the CDHS), CMAC negotiates roughly 12.9 percent of the total Medi-Cal program budget of $33.4 billion ($2.0 billion in SPCP inpatient per diem payments, $.3 billion in supplemental program payments, and $2.0 billion for managed care).

Exhibit 4: Estimated Fiscal Year 2005-06 Distribution of Medi-Cal Payments, Excluding Payments to Managed Care Plans ($27.8 Billion)



* Excludes payments to hospitals which will be reimbursed on a Certified Public Expenditures basis (see SPECIAL PROGRAMS section of this report).

Exhibit 5: Estimated Fiscal Year 2005-06 Distribution of Medi-Cal Payments to Managed Care Plans ($5.6 Billion)



Source: May 2005 Medi-Cal Estimate (Prepared by the California Department of Health Services). Estimated distributions are based on CMAC negotiations and Medi-Cal Paid Claims data.

CONCLUSIONS

After twenty-three years of operation, the SPCP continues to ensure access to hospital inpatient acute care services for Medi-Cal beneficiaries. Additionally, and importantly, the SPCP remains a cost-effective program for delivering and paying for acute hospital inpatient services.

In fiscal year 2005-06, the SPCP has realized estimated State General Fund program savings of $858.5 million as a result of negotiating Medi-Cal acute inpatient per diem rates of reimbursement with 216 hospitals. Over the twenty-three years of the SPCP, the State General Fund has realized accumulated estimated savings of $9.1 billion.

In addition to the savings resulting from SPCP contract hospital per diem negotiations, an estimated savings of $290.0 million was achieved in fiscal year 2005-06 through negotiated rates with CDHS' Managed Care Plan programs—the four County Organized Health Systems and the two Geographic Managed Care programs. Since the beginning of CMAC's managed care negotiations, an estimated total State General Fund savings

of over $1.15 billion has accrued.

As described above, total savings resulting from CMAC negotiations over the life of its existence is roughly $10.3 billion.

APPENDIX A

Contracting Status of HFPAs as of December 1, 2005

APPENDIX A

CONTRACTING STATUS OF HFPAs
AS OF DECEMBER 1, 2005

CLOSED AREA NAME	HFPA	HFPA NAME	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
	101	CRESCENT CITY	OPEN			
	103	HOOPA	OPEN			
	105	EUREKA	OPEN			
	107	FORTUNA	OPEN			
	109	GARBERVILLE	OPEN			
	111	FORT BRAGG	OPEN			
	112	WILLITS	OPEN			
	113	UKIAH	OPEN			
	115	LAKEPORT	OPEN			
	201	ALTURAS	OPEN			
	203	YREKA	OPEN			
	205	MOUNT SHASTA	OPEN			
	207	WEAVERVILLE	OPEN			
	209	REDDING	OPEN	1-Jun-84	1-Jul-89	
	210	FALL RIVER MILLS	OPEN			
	211	RED BLUFF	OPEN			
	213	SUSANVILLE	OPEN	1-Aug-83	27-Aug-96	
	215	QUINCY	OPEN			
	217	PORTOLA	OPEN			
	219	CHICO	OPEN	1-Sep-84	1-Jul-89	
	220	PARADISE	OPEN			
	221	OROVILLE	OPEN			
	223	WILLOWS	OPEN			
	225	COLUSA	OPEN			
	227	MARYSVILLE	OPEN			
	300	LOYALTON	OPEN			
	301	NEVADA CITY	OPEN			
	302	NORTH LAKE TAHOE	OPEN			
	304	PLACERVILLE	OPEN			
	306	SOUTH LAKE TAHOE	OPEN			
	308	AUBURN	OPEN			
SACRAMENTO	**309**	**ROSEVILLE**	**CLOSED**	**1-Jul-83**		
SACRAMENTO	**311**	**SACRAMENTO**	**CLOSED**	**1-Feb-83**		
	313	WOODLAND	OPEN	1-Jun-83	13-Jun-02	
	401	SANTA ROSA	OPEN			
	403	PETALUMA	OPEN			
SAN FRANCISCO BAY	**405**	**SAN RAFAEL**	**CLOSED**	**1-Jul-83**		
	407	NAPA	OPEN			
	408	FAIRFIELD	OPEN	1-Aug-83	1-Aug-85	
	409	VALLEJO	OPEN			
SAN FRANCISCO BAY	**411**	**CONCORD**	**CLOSED**	**1-Jul-83**		
SAN FRANCISCO BAY	**413**	**RICHMOND**	**CLOSED**	**1-Jul-83**		
SAN FRANCISCO BAY	**415**	**BERKELEY**	**CLOSED**	**1-Mar-83**		
SAN FRANCISCO BAY	**417**	**OAKLAND**	**CLOSED**	**1-Mar-83**		
	419	LIVERMORE	OPEN			
SAN FRANCISCO BAY	**421**	**HAYWARD**	**CLOSED**	**1-Mar-83**		
SAN FRANCISCO BAY	**423**	**SAN FRANCISCO**	**CLOSED**	**1-Feb-83**		
SAN FRANCISCO BAY	**425**	**DALY CITY**	**CLOSED**	**1-Feb-83**		
	427	SAN MATEO	OPEN			
SAN FRANCISCO BAY	**428**	**REDWOOD CITY**	**CLOSED**	**1-Mar-83**		

APPENDIX A

CONTRACTING STATUS OF HFPAs
AS OF DECEMBER 1, 2005

CLOSED AREA NAME	HFPA	HFPA NAME	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
SAN FRANCISCO BAY	**429**	**PALO ALTO**	**CLOSED**	**1-Mar-83**		
SAN FRANCISCO BAY	**431**	**SAN JOSE**	**CLOSED**	**1-Mar-83**		
	433	GILROY	OPEN			
	501	JACKSON	OPEN			
	503	SAN ANDREAS	OPEN			
SAN JOAQUIN VALLEY	**505**	**LODI**	**CLOSED**	**1-Jul-83**		
SAN JOAQUIN VALLEY	**507**	**STOCKTON**	**CLOSED**	**1-Aug-87**		
SAN JOAQUIN VALLEY	**509**	**TRACY**	**CLOSED**	**1-Jul-83**		
SAN JOAQUIN VALLEY	**511**	**MODESTO**	**CLOSED**	**1-Jun-83**		
SAN JOAQUIN VALLEY	**513**	**SONORA**	**CLOSED**	**1-Jun-83**		
SAN JOAQUIN VALLEY	**515**	**MERCED**	**CLOSED**	**1-Jun-83**		
SAN JOAQUIN VALLEY	**516**	**TURLOCK**	**CLOSED**	**1-Jun-83**		
	517	LOS BANOS	OPEN	1-Jun-83	9-Aug-01	
SAN JOAQUIN VALLEY	**601**	**MADERA**	**CLOSED**	**1-Jul-83**		
	603	MARIPOSA	OPEN			
SAN JOAQUIN VALLEY	**605**	**FRESNO**	**CLOSED**	**1-Jul-83**		
	607	REEDLEY	OPEN	1-Jun-83	1-Jul-01	
	608	DINUBA	OPEN	1-Jun-83	9-Mar-00	
	609	COALINGA	OPEN			
	611	VISALIA	OPEN			
	613	PORTERVILLE	OPEN			
	615	HANFORD	OPEN			
SAN JOAQUIN VALLEY	**617**	**BAKERSFIELD**	**CLOSED**	**1-Aug-83**		
	619	KERN RIVER VALLEY	OPEN			
	621	RIDGECREST	OPEN			
	623	TEHACHAPI	OPEN			
	625	TAFT	OPEN			
	701	HOLLISTER	OPEN			
COASTAL	**703**	**SANTA CRUZ**	**CLOSED**	**1-Jun-83**		
	705	SALINAS	OPEN	1-Jul-86	1-Feb-90	
	707	MONTEREY	OPEN	1-Jan-86	1-Feb-90	
	709	KING CITY	OPEN	1-Jul-86	1-Jul-89	
	711	WATSONVILLE	OPEN	27-Nov-85	23-Mar-93	
COASTAL	**801**	**SAN LUIS OBISPO**	**CLOSED**	**1-Jun-83**		
	803	SANTA MARIA	OPEN			
	805	LOMPOC	OPEN			
	807	SANTA BARBARA	OPEN			
COASTAL	**809**	**VENTURA**	**CLOSED**	**1-Jul-83**		
COASTAL	**811**	**OXNARD**	**CLOSED**	**1-Jul-83**		
LOS ANGELES	**901**	**LANCASTER**	**CLOSED**	**1-Jul-83**		
LOS ANGELES	**903**	**SAN FERNANDO**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**905**	**VAN NUYS**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**907**	**BURBANK**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**909**	**GLENDALE**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**911**	**PASADENA**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**913**	**WEST SAN GABRIEL**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**915**	**EAST SAN GABRIEL**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**917**	**POMONA**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**919**	**WHITTIER**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**921**	**DOWNEY-NORWALK**	**CLOSED**	**1-Apr-83**		

APPENDIX A

CONTRACTING STATUS OF HFPAs
AS OF DECEMBER 1, 2005

CLOSED AREA NAME	HFPA	HFPA NAME	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
LOS ANGELES	**923**	**LYNWOOD**	**CLOSED**	**1-Feb-83**		
LOS ANGELES	**925**	**LOS ANGELES**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**927**	**SANTA MONICA**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**929**	**INGLEWOOD**	**CLOSED**	**1-Jan-85**	**1-Feb-86**	**1-Jun-92**
LOS ANGELES	**931**	**TORRANCE**	**CLOSED**	**15-Aug-84**	**1-Feb-90**	**24-May-94**
LOS ANGELES	**933**	**LONG BEACH**	**CLOSED**	**1-Feb-83**		
LOS ANGELES	**935**	**WATTS**	**CLOSED**	**1-Apr-83**		
LOS ANGELES	**937**	**LA CANADA**	**CLOSED**	**1-Apr-83**		
ORANGE	**1011**	**FULLERTON**	**CLOSED**	**1-Nov-84**		
ORANGE	**1012**	**ANAHEIM**	**CLOSED**	**1-May-83**		
ORANGE	**1013**	**BUENA PARK**	**CLOSED**	**1-May-83**		
	1014	HUNTINGTON BEACH	OPEN	1-May-83	17-Nov-90	
ORANGE	**1015**	**SANTA ANA**	**CLOSED**	**1-May-83**		
	1016	NEWPORT BEACH	OPEN			
	1017	SOUTH ORANGE	OPEN			
	1101	BLYTHE	OPEN			
RIVERSIDE	**1103**	**INDIO**	**CLOSED**	**11-Jul-95**		
RIVERSIDE	**1105**	**PALM SPRINGS**	**CLOSED**	**1-Jul-83**		
RIVERSIDE	**1107**	**BANNING**	**CLOSED**	**1-Aug-83**		
RIVERSIDE	**1109**	**HEMET**	**CLOSED**	**1-Jul-83**		
RIVERSIDE	**1111**	**RIVERSIDE**	**CLOSED**	**1-Jul-83**		
	1201	SOUTHERN INYO	OPEN			
	1203	NORTHERN INYO	OPEN			
	1205	MONO COUNTY	OPEN			
SAN BERNARDINO	**1207**	**W. SAN BERNARDINO**	**CLOSED**	**1-Jul-83**		
SAN BERNARDINO	**1209**	**SAN BERNARDINO**	**CLOSED**	**1-Jun-83**		
	1211	VICTOR VALLEY	OPEN			
	1213	BARSTOW	OPEN			
	1214	MORONGO BASIN	OPEN			
	1215	NEEDLES	OPEN			
	1217	BEAR VALLEY	OPEN			
SAN DIEGO	**1412**	**INLND N. SAN DIEGO CO**	**CLOSED**	**1-Apr-83**		
SAN DIEGO	**1414**	**CSTAL N. SAN DIEGO CO**	**CLOSED**	**1-Apr-83**		
SAN DIEGO	**1416**	**NORTH SAN DIEGO CITY**	**CLOSED**	**1-Jul-83**		
SAN DIEGO	**1418**	**CNTRL SAN DIEGO CITY**	**CLOSED**	**1-Feb-83**		
SAN DIEGO	**1420**	**SOUTH SAN DIEGO CO**	**CLOSED**	**1-Feb-83**		
SAN DIEGO	**1422**	**EAST SAN DIEGO CO**	**CLOSED**	**1-Feb-83**		
	1424	IMPERIAL COUNTY	OPEN			

SOURCE: California Medical Assistance Commission Management Information System

APPENDIX B

Medi-Cal Hospital Contracting Status by Area as of December 1, 2005

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
AS OF DECEMBER 1, 2005

COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			937	C		OROVILLE HOSPITAL
	OROVILLE	**221**		**1**		
			950	C		MERCY SAN JUAN HOSPITAL
			1000	C		SUTTER ROSEVILLE MEDICAL CENTER
			4029	C		MERCY HOSPITAL OF FOLSOM
			4024		NC	KAISER FOUNDATION HOSPITAL
			4035		NC	KINDRED HOSPITAL - SACRAMENTO
PLACER/SACRAMENTO	**ROSEVILLE**	**309**	**TOTAL**	**3**	**2**	
			913		NC	KAISER FOUNDATION HOSPITAL-SACRAMENTO/ROSEVILLE
			947	C		MERCY GENERAL HOSPITAL
			951	C		METHODIST HOSPITAL OF SACRAMENTO
			1006	C		UC DAVIS MEDICAL CENTER
			1051	C		SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (2 Service Sites)
			2344		NC	KAISER FOUNDATION HOSPITAL-SOUTH SACRAMENTO
			4114		NC	SHRINERS HOSPITALS FOR CHILDREN
SACRAMENTO	**SACRAMENTO**	**311**	**TOTAL**	**4**	**3**	
			992		NC	KAISER FOUNDATION HOSPITAL - SAN RAFAEL
			993	C		KENTFIELD REHABILITATION HOSPITAL
			1006	C		MARIN GENERAL HOSPITAL
			4035	C		NOVATO COMMUNITY HOSPITAL
MARIN	**SAN RAFAEL**	**405**	**TOTAL**	**3**	**1**	
			924	C		CONTRA COSTA REGIONAL MEDICAL CENTER
			934		NC	SUTTER DELTA MEDICAL CENTER
			988		NC	JOHN MUIR MEMORIAL HOSPITAL
			990		NC	KAISER FOUNDATION HOSPITAL - WALNUT CREEK
			1018		NC	MT. DIABLO MEDICAL CENTER
			4017		NC	SAN RAMON REGIONAL MEDICAL CENTER
CONTRA COSTA	**CONCORD**	**411**	**TOTAL**	**1**	**5**	
			904	C		DOCTORS MEDICAL CENTER - SAN PABLO
			4093		NC	KAISER FOUNDATION HOSPITAL - RICHMOND
CONTRA COSTA	**RICHMOND**	**413**	**TOTAL**	**1**	**1**	
			739	C		ALTA BATES MEDICAL CENTER (2 Service Sites)
ALAMEDA	**BERKELEY**	**415**	**TOTAL**	**1**	**0**	
			735	C		ALAMEDA HOSPITAL
			776	C		CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND
			846	C		*ALAMEDA CO. MEDICAL CENTER-HIGHLAND*
			856		NC	KAISER FOUNDATION HOSPITAL - OAKLAND
			937	C		SUMMIT MEDICAL CENTER (2 Service Sites)
ALAMEDA	**OAKLAND**	**417**	**TOTAL**	4	1	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
AS OF DECEMBER 1, 2005

COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			805	C		*EDEN MEDICAL CENTER (2 Service Sites)*
			811	C		*ALAMEDA CO. MEDICAL CENTER-FAIRMONT*
			858		NC	KAISER FOUNDATION HOSPITAL (2 Service Sites)
			887	C		KINDRED-S.F. BAY AREA
			967	C		ST. ROSE HOSPITAL
			987	C		WASHINGTON HOSPITAL - FREMONT
			3619	C		*SAN LEANDRO HOSPITAL*
ALAMEDA	**HAYWARD**	**421**	**TOTAL**	**6**	**1**	
			857		NC	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO
			865		NC	LAGUNA HONDA HOSPITAL & REHABILITATION CENTER
			929	C		*CALIFORNIA PACIFIC MEDICAL CENTER (3 Service Sites)*
			933	C		*DAVIES MEDICAL CENTER*
			939	C		SAN FRANCISCO GENERAL HOSPITAL MEDICAL CTR
			960	C		ST. FRANCIS MEMORIAL HOSPITAL
			964	C		ST. LUKE'S HOSPITAL
			965	C		ST. MARY'S HOSPITAL AND MEDICAL CENTER
			1154	C		UCSF HOSPS & CLINICS & MT ZION MEDICAL CNTR OF THE UCSF (2 Service Sites)
			2715	C		CHINESE HOSPITAL
SAN FRANCISCO	**SAN FRANCISCO**	**423**	**TOTAL**	**8**	**2**	
			806		NC	KAISER FOUNDATION HOSPITAL - S. SAN FRANCISCO
			817	C		SETON MEDICAL CENTER
SAN MATEO	**DALY CITY**	**425**	**TOTAL**	**1**	**1**	
			782	C		SAN MATEO MEDICAL CENTER
		427	**TOTAL**	**1**	**0**	
			804		NC	KAISER FOUNDATION HOSPITAL - REDWOOD CITY
			891	C		SEQUOIA HOSPITAL
			4018		NC	MENLO PARK SURGICAL HOSPITAL
		428	**TOTAL**	**1**	**2**	
			763	C		EL CAMINO HOSPITAL OF MOUNTAIN VIEW
			805		NC	KAISER FOUNDATION HOSPITAL - SANTA CLARA
			905	C		STANFORD HOSPITAL AND CLINICS
			4040	C		LUCILE SALTER PACKARD CHILDREN'S HOSP. STANFORD
SANTA CLARA	**PALO ALTO**	**429**	**TOTAL**	**3**	**1**	
			705		NC	REGIONAL MEDICAL OF SAN JOSE
			743		NC	COMMUNITY HOSPITAL OF LOS GATOS
			779	C		GOOD SAMARITAN HOSPITAL OF SANTA CLARA VALLEY
			837	C		O'CONNOR HOSPITAL
			879		NC	SAN JOSE MEDICAL CENTER
			883	C		SANTA CLARA VALLEY MEDICAL CENTER
			915		NC	MISSION OAKS HOSPITAL
			1506		NC	KAISER - SANTA TERESA COMMUNITY HOSPITAL
			4051		NC	CHILDREN'S RECOVERY CENTER OF NO. CALIFORNIA
SANTA CLARA	**SAN JOSE**	**431**	**TOTAL**	**3**	**6**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
AS OF DECEMBER 1, 2005

COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			923	C		LODI MEMORIAL HOSPITAL (2 Service Sites)
SAN JOAQUIN	**LODI**	**505**	**TOTAL**	**1**	**0**	
			846	C		DAMERON HOSPITAL
			1010	C		SAN JOAQUIN GENERAL HOSPITAL
			1042	C		ST. JOSEPH'S MEDICAL CENTER OF STOCKTON
			2287		NC	DOCTORS HOPSITAL OF MANTECA
			4009		NC	KAISER FOUNDATION HOSPITAL - MANTECA
SAN JOAQUIN	**STOCKTON**	**507**	**TOTAL**	**3**	**2**	
			1056	C		SUTTER TRACY COMMUNITY HOSPITAL
SAN JOAQUIN	**TRACY**	**509**	**TOTAL**	**1**	**0**	
			852	C		DOCTOR'S MEDICAL CENTER
			939	C		MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO
			954	C		CENTRAL CALIFORNIA REHABILITATION HOSPITAL
			967	C		OAK VALLEY DISTRICT HOSPITAL
			4038		NC	STANISLAUS SURGICAL HOSPITAL
STANISLAUS	**MODESTO**	**511**	**TOTAL**	4	1	
			1034		NC	SONORA REGIONAL MEDICAL CENTER
			1061	C		TUOLUMNE GENERAL HOSPITAL
TUOLUMNE	**SONORA**	**513**	**TOTAL**	**1**	**1**	
			942	C		MERCY MEDICAL CENTER MERCED (2 Service Sites)
MERCED	**MERCED**	**515**	**TOTAL**	**1**	**0**	
			867	C		EMANUEL MEDICAL CENTER
STANISLAUS	**TURLOCK**	**516**	**TOTAL**	**1**	**0**	
			853	C		DOS PALOS MEMORIAL HOSPITAL
			924		NC	MEMORIAL HOSPITAL OF LOS BANOS
MERCED	**LOS BANOS**	**517**	**TOTAL**	**1**	**1**	
			692	C		CHOWCHILLA DISTRICT MEMORIAL HOSPITAL
			1281	C		MADERA COMMUNITY HOSPITAL
			4019	C		VALLEY CHILDREN'S HOSP & GUIDANCE CLINIC
MADERA	**MADERA**	**601**	**TOTAL**	**3**	**0**	

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MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			717	C		*FRESNO COMMUNITY HOSPITAL & MED CENTER*
			822	C		*UNIVERSITY MEDICAL CENTER*
			899	C		ST. AGNES MEDICAL CENTER
			4016	C		COMMUNITY MEDICAL CENTER - CLOVIS
			4023	C		SAN JOAQUIN VALLEY REHABILITATION HOSPITAL
			4047		NC	FRESNO SURGERY CENTER
			4062		NC	KAISER FOUNDATION HOSPITAL - FRESNO
			5029		NC	FRESNO HEART HOSPITAL
FRESNO	**FRESNO**	**605**	**TOTAL**	**5**	**3**	
			706	C		DELANO REGIONAL MEDICAL CENTER
			722		NC	BAKERSFIELD MEMORIAL HOSPITAL
			736	C		KERN MEDICAL CENTER
			761		NC	MERCY HOSPITAL - BAKERSFIELD (2 Service Sites)
			775	C		GOOD SAMARITAN HOSPITAL
			788	C		SAN JOAQUIN COMMUNITY HOSPITAL
			4022	C		HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL
			4101		NC	BAKERSFIELD HEART HOSPITAL
KERN	**BAKERSFIELD**	**617**	**TOTAL**	**5**	**3**	
			755	C		DOMINICAN SANTA CRUZ HOSPITAL (2 Service Sites)
			4012		NC	SUTTER MATERNITY & SURGERY CENTER
SANTA CRUZ	**SANTA CRUZ**	**703**	**TOTAL**	**1**	**1**	
			4043	C		NATIVIDAD MEDICAL CENTER
			875	C		SALINAS VALLEY MEMORIAL HOSPITAL
MONTEREY	**SALINAS**	**705**	**TOTAL**	**2**	**0**	
			466	C		ARROYO GRANDE COMMUNITY HOSPITAL
			480	C		FRENCH HOSPITAL MEDICAL CENTER
			524	C		SIERRA VISTA REGIONAL MEDICAL CENTER
			548	C		TWIN CITIES COMMUNITY HOSPITAL
SAN LUIS OBISPO	**SAN LUIS OBISPO**	**801**	**TOTAL**	**4**	**0**	
			473	C		COMMUNITY MEMORIAL HOSPITAL OF SAN BUENAVENTURA
			481	C		VENTURA COUNTY MEDICAL CENTER
			501	C		OJAI VALLEY COMMUNITY HOSPITAL
VENTURA	**VENTURA**	**809**	**TOTAL**	**3**	**0**	
			492	C		LOS ROBLES REGIONAL MEDICAL CENTER (2 service sites)
			508	C		ST. JOHN'S PLEASANT VALLEY HOSPITAL
			525	C		SIMI VALLEY HOSPITAL & HEALTH CARE CENTER
			529	C		ST. JOHN'S REGIONAL MEDICAL CENTER
VENTURA	**OXNARD**	**811**	**TOTAL**	**4**	**0**	

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MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			34	C		ANTELOPE VALLEY HOSPITAL MEDICAL CENTER
			455		NC	LANCASTER COMMUNITY HOSPITAL
LOS ANGELES	**LANCASTER**	**901**	**TOTAL**	**1**	**1**	
			385	C		PROVIDENCE HOLY CROSS MEDICAL CENTER
			949	C		HENRY MAYO NEWHALL MEMORIAL HOSPITAL
			1231	C		*LOS ANGELES CO. OLIVE VIEW MEDICAL CENTER*
LOS ANGELES	**SAN FERNANDO**	**903**	**TOTAL**	**3**	**0**	
			432		NC	KAISER FOUNDATION HOSPITAL - PANORAMA CITY
			517	C		ENCINO-TARZANA REGIONAL MEDICAL CENTER (2 Service Sites)
			524	C		MISSION COMMUNITY HOSPITAL
			552	C		MOTION PICTURE & TELEVISION HOSPITAL
			568	C		NORTHRIDGE HOSPITAL MEDICAL CTR-ROSCOE BLVD.
			708	C		SHERMAN OAKS HOSPITAL AND HEALTH CENTER
			812	C		VALLEY PRESBYTERIAN HOSPITAL
			859		NC	WEST HILLS HOSPITAL & MEDICAL CENTER
			1450		NC	KAISER FOUNDATION HOSPITAL - WOODLAND HILLS
LOS ANGELES	**VAN NUYS**	**905**	**TOTAL**	**6**	**3**	
			696	C		PACIFICA HOSPITAL OF THE VALLEY
			758	C		PROVIDENCE ST. JOSEPH MEDICAL CENTER
LOS ANGELES	**BURBANK**	**907**	**TOTAL**	**2**	**0**	
			323	C		GLENDALE ADVENTIST MED CNTR WILSON TERRACE
			522	C		GLENDALE MEMORIAL HOSPITAL & HEALTH CENTER
LOS ANGELES	**GLENDALE**	**909**	**TOTAL**	**2**	**0**	
			400	C		HUNTINGTON MEMORIAL HOSPITAL
LOS ANGELES	**PASADENA**	**911**	**TOTAL**	**1**	**0**	
			17	C		ALHAMBRA HOSPITAL
			176	C		CITY OF HOPE NATIONAL MEDICAL CENTER
			200		NC	SAN GABRIEL VALLEY MEDICAL CENTER
			315	C		GARFIELD MEDICAL CENTER
			352	C		GREATER EL MONTE COMMUNITY HOSPITAL
			529	C		METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
			547	C		MONTEREY PARK HOSPITAL
LOS ANGELES	**WEST SAN GABRIEL**	**913**	**TOTAL**	**6**	**1**	

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MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			298	C		FOOTHILL PRESBYTERIAN HOSPITAL
			328	C		EAST VALLEY HOSPITAL MEDICAL CENTER
			413	C		*CITRUS VALLEY MEDICAL CENTER - INTERCOMMUNITY*
			458		NC	KINDRED HOSPITAL - SAN GABRIEL VALLEY
			636	C		*CITRUS VALLEY MEDICAL CENTER - QUEEN OF THE VALLEY*
			857	C		DOCTORS HOSPITAL OF WEST COVINA
			6035		NC	KAISER FOUNDATION HOSPITAL - BALDWIN PARK
				==========	==========	
LOS ANGELES	**EAST SAN GABRIEL**	**915**	**TOTAL**	**5**	**2**	
			137	C		CASA COLINA HOSP FOR REHABILITATIVE MEDICINE
			630	C		POMONA VALLEY COMMUNITY HOSPITAL
			673	C		SAN DIMAS COMMUNITY HOSPITAL
				==========	==========	
LOS ANGELES	**POMONA**	**917**	**TOTAL**	**3**	**0**	
			81	C		BEVERLY HOSPITAL
			631	C		PRESBYTERIAN INTERCOMMUNITY HOSPITAL
			883	C		WHITTIER HOSPITAL MEDICAL CENTER
				==========	==========	
LOS ANGELES	**WHITTIER**	**919**	**TOTAL**	**3**	**0**	
			66	C		BELLFLOWER MEDICAL CENTER
			159	C		TRI CITY REGIONAL MEDICAL CENTER
			243	C		DOWNEY COMMUNITY HOSPITAL
			430		NC	KAISER FOUNDATION HOSPITAL - BELLFLOWER
			449		NC	KINDRED HOSPITAL - LA MIRADA
			599	C		SUBURBAN MEDICAL CENTER
			766	C		COAST PLAZA DOCTORS HOSPITAL
			1306	C		*LOS ANGELES CO. RANCHO LOS AMIGOS MED CTR*
				==========	==========	
LOS ANGELES	**DOWNEY/NORWALK**	**921**	**TOTAL**	**6**	**2**	
			197	C		COMMUNITY AND MISSION HOSPITALS OF HUNTINGTON PARK (2 Service Sites)
			754	C		ST. FRANCIS MEDICAL CENTER
				==========	==========	
LOS ANGELES	**LYNWOOD**	**923**	**TOTAL**	**2**	**0**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			52	C		BARLOW HOSPITAL
			125	C		CALIFORNIA MEDICAL CENTER - LOS ANGELES
			170	C		CHILDREN'S HOSPITAL OF LOS ANGELES
			198	C		LOS ANGELES COMMUNITY HOSPITAL (2 Service Sites)
			256	C		EAST LOS ANGELES DOCTORS HOSPITAL
			307	C		PACIFIC ALLIANCE MEDICAL CENTER
			380	C		HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD
			382	C		QUEEN OF ANGELS/HOLLYWOOD PRESBY MED CTR
			392	C		GOOD SAMARITAN HOSPITAL
			429		NC	KAISER FOUNDATION HOSPITAL - LOS ANGELES
			468	C		LINCOLN HOSPITAL MEDICAL CENTER
			534		NC	OLYMPIA MEDICAL CENTER
			555	C		CEDARS SINAI MEDICAL CENTER
			661	C		CITY OF ANGELS MEDICAL CENTER - DOWNTOWN
			681	C		SAN VICENTE HOSPITAL
			762	C		ST. VINCENT MEDICAL CENTER
			784	C		TEMPLE COMMUNITY HOSPITAL
			854	C		LOS ANGELES METROPOLITAN MEDICAL CENTER
			878	C		WHITE MEMORIAL MEDICAL CENTER
			1216	C		USC KENNETH NORRIS, JR. CANCER HOSPITAL
			1228	C		*LOS ANGELES CO. USC MEDICAL CENTER*
			4219	C		USC UNIVERSITY HOSPITAL
LOS ANGELES	**LOS ANGELES**	**925**	**TOTAL**	**20**	**2**	
			110	C		BROTMAN MEDICAL CENTER
			155		NC	CENTURY CITY DOCTORS HOSPITAL
			434		NC	KAISER FOUNDATION HOSPITAL - WEST LOS ANGELES
			500		NC	CENTINELA FREEMAN REGIONAL MEDICAL CENTER
			687	C		SANTA MONICA-UCLA MEDICAL CENTER
			756		NC	ST. JOHN'S HOSPITAL AND HEALTH CENTER
			796	C		UCLA MEDICAL CENTER
LOS ANGELES	**SANTA MONICA**	**927**	**TOTAL**	**3**	**4**	
			148	C		CENTINELA HOSPITAL MEDICAL CENTER
			196		NC	COMMUNITY HOSPITAL OF GARDENA
			230	C		DANIEL FREEMAN MEMORIAL HOSPITAL
			305	C		KINDRED HOSPITAL - LOS ANGELES
			521	C		MEMORIAL HOSPITAL OF GARDENA
LOS ANGELES	**INGLEWOOD**	**929**	**TOTAL**	**4**	**1**	
			422	C		TORRANCE MEMORIAL MEDICAL CENTER
			470	C		LITTLE COMPANY OF MARY HOSPITAL
LOS ANGELES	**TORRANCE**	**931**	**TOTAL**	**2**	**0**	

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MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			45	C		AVALON MUNICIPAL HOSPITAL
			53	C		ST. MARY MEDICAL CENTER
			135		NC	KAISER FOUNDATION HOSPITAL - CARSON
			240	C		LAKEWOOD REGIONAL MEDICAL CENTER
			431		NC	KAISER FOUNDATION HOSPITAL - HARBOR CITY
			475		NC	COMMUNITY HOSPITAL OF LONG BEACH
			525	C		LONG BEACH MEMORIAL MEDICAL CENTER
			587	C		PACIFIC HOSPITAL OF LONG BEACH
			680	C		SAN PEDRO PENINSULA HOSPITAL (2 service sites)
			1227	C		*LOS ANGELES CO. HARBOR/UCLA MEDICAL CENTER*
			6168	C		MILLER CHILDREN'S HOSPITAL
LOS ANGELES	**LONG BEACH**	**933**	**TOTAL**	**8**	**3**	
			1230	C		*LOS ANGELES CO. M.L. KING JR./DREW MEDICAL CENTER*
LOS ANGELES	**WATTS**	**935**	**TOTAL**	**1**	**0**	
			818	C		VERDUGO HILLS HOSPITAL
LOS ANGELES	**LA CANADA**	**937**	**TOTAL**	**1**	**0**	
			1126		NC	BREA COMMUNITY HOSPITAL
			1127		NC	KINDRED HOSPITAL BREA
			1132		NC	KAISER FOUNDATION HOSPITAL - ANAHEIM
			1297	C		PLACENTIA-LINDA COMMUNITY HOSPITAL
			1342	C		ST. JUDE MEDICAL CENTER
ORANGE	**FULLERTON**	**1011**	**TOTAL**	**2**	**3**	
			1097	C		ANAHEIM GENERAL HOSPITAL (2 Service Sites)
			1167		NC	KINDRED HOSPITAL - SANTA ANA
			1188	C		WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM
			1283	C		GARDEN GROVE HOSPITAL AND MED CENTER
			1379		NC	WEST ANAHEIM MEDICAL CENTER
ORANGE	**ANAHEIM**	**1012**	**TOTAL**	**3**	**2**	
			1234	C		LA PALMA INTERCOMMUNITY HOSPITAL
			1248	C		LOS ALAMITOS MEDICAL CENTER
ORANGE	**BUENA PARK**	**1013**	**TOTAL**	**2**	**0**	
			225		NC	ORANGE COAST MEMORIAL MEDICAL CENTER
			1175		NC	FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CENTER
			1209		NC	HUNTINGTON BEACH HOSPITAL
			1380	C		KINDRED HOSPITAL WESTMINSTER
ORANGE	**HUNTINGTON BEACH**	**1014**	**TOTAL**	**1**	**3**	

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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			32	C		CHILDREN'S HOSPITAL OF ORANGE COUNTY
			1140	C		CHAPMAN GENERAL HOSPITAL
			1258	C		COASTAL COMMUNITIES HOSPITAL
			1279	C		U.C. IRVINE MEDICAL CENTER
			1340	C		ST. JOSEPH HOSPITAL - ORANGE
			1357	C		TUSTIN HOSPITAL MEDICAL CENTER
			1566	C		WESTERN MEDICAL CENTER - SANTA ANA
			4045		NC	IRVINE REGIONAL HOSPITAL & MEDICAL CENTER
			4079	C		TUSTIN REHABILITATION HOSPITAL
			4159	C		HEALTHBRIDGE CHILDREN'S REHABILITATION
ORANGE	**SANTA ANA**	**1015**	**TOTAL**	**9**	**1**	
			1216	C		JOHN F. KENNEDY MEMORIAL HOSPITAL
RIVERSIDE	**INDIO**	**1103**	**TOTAL**	**1**	**0**	
			1164	C		DESERT HOSPITAL
			1168	C		EISENHOWER MEDICAL CENTER
RIVERSIDE	**PALM SPRINGS**	**1105**	**TOTAL**	**2**	**0**	
			1326	C		SAN GORGONIO MEMORIAL HOSPITAL
RIVERSIDE	**BANNING**	**1107**	**TOTAL**	**1**	**0**	
			1194	C		HEMET VALLEY HOSPITAL
			2172		NC	VALLEY PLAZA DOCTORS HOSPITAL
			4018	C		MENIFEE VALLEY MEDICAL CENTER
			4048	C		MORENO VALLEY MEDICAL CENTER
			4068	C		SOUTHWEST HEALTHCARE SYSTEM (2 Service Sites)
			4487	C		RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
RIVERSIDE	**HEMET**	**1109**	**TOTAL**	**5**	**1**	
			1152	C		CORONA REGIONAL MEDICAL CENTER (2 Service Sites)
			1293	C		PARKVIEW COMMUNITY HOSPITAL MED CENTER
			1312	C		RIVERSIDE COMMUNITY HOSPITAL
			4025		NC	KAISER FOUNDATION HOSPITAL - RIVERSIDE
RIVERSIDE	**RIVERSIDE**	**1111**	**TOTAL**	**3**	**1**	
			1144	C		CHINO VALLEY MEDICAL CENTER
			1166	C		U.S. FAMILYCARE MEDICAL CENTER
			1274		NC	KINDRED HOSPITAL ONTARIO
			1318		NC	SAN ANTONIO COMMUNITY HOSPITAL
SAN BERNARDINO	**WEST SAN BERNARDINO**	**1207**	**TOTAL**	**2**	**2**	

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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			1223		NC	KAISER FOUNDATION HOSPITAL - FONTANA
			1246	C		LOMA LINDA UNIVERSITY MEDICAL CENTER (2 Service Sites)
			1266		NC	MOUNTAINS COMMUNITY HOSPITAL
			1308	C		REDLANDS COMMUNITY HOSPITAL
			1323	C		COMMUNITY HOSPITAL OF SAN BERNARDINO
			1339	C		ST. BERNARDINE MEDICAL CENTER
			4121	C		ROBERT H. BALLARD REHABILITATION HOSPITAL
			4231	C		ARROWHEAD REGIONAL MEDICAL CENTER
SAN BERNARDINO	**METRO SAN BERNARDINO**	**1209**	**TOTAL**	**6**	**2**	
			755	C		PALOMAR MEDICAL CENTER
			977	C		POMERADO HOSPITAL
SAN DIEGO	**INLAND N. SAN DIEGO CO.**	**1412**	**TOTAL**	**2**	**0**	
			705	C		FALLBROOK HOSPITAL
			780	C		TRI-CITY MEDICAL CENTER
SAN DIEGO	**COASTAL N. SAN DIEGO CO.**	**1414**	**TOTAL**	**2**	**0**	
			673	C		CHILDREN'S HOSPITAL OF SAN DIEGO
			694	C		DONALD N. SHARP MEMORIAL (2 Service Sites)
			695	C		SHARP MARY BIRCH HOSPITAL FOR WOMEN
			730		NC	KAISER FOUNDATION HOSPITAL - SAN DIEGO
			771	C		SCRIPPS MEMORIAL HOSPITAL - LA JOLLA
			1256	C		CECIL H. & IDA M. GREEN HOSP OF SCRIPPS CLINIC
			1394	C		SCRIPPS MEMORIAL HOSPITAL - ENCINITAS
SAN DIEGO	**NORTH SAN DIEGO CITY**	**1416**	**TOTAL**	**6**	**1**	
			652	C		ALVARADO HOSPITAL MEDICAL CENTER (2 Service Sites)
			721		NC	KINDRED HOSPITAL - SAN DIEGO
			744	C		*SCRIPPS MERCY HOSPITAL*
			782	C		U.C. SAN DIEGO MEDICAL CENTER (2 service sites)
			787	C		UNIVERSITY COMMUNITY MEDICAL CENTER
			4094		NC	CONTINENTAL REHABILITATION HOSP OF SAN DIEGO
SAN DIEGO	**CENTRAL SAN DIEGO CITY**	**1418**	**TOTAL**	**4**	**2**	

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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
				Contract	Non-Contract	
			658	C		*SCRIPPS MEMORIAL HOSPITAL - CHULA VISTA*
			689	C		SHARP CORONADO HOSPITAL
			759	C		PARADISE VALLEY HOSPITAL
			875	C		SHARP CHULA VISTA MEDICAL CENTER
SAN DIEGO	**SOUTH SAN DIEGO CO.**	**1420**	**TOTAL**	**4**	**0**	
			714	C		GROSSMONT HOSPITAL
SAN DIEGO	**EAST SAN DIEGO CO.**	**1422**	**TOTAL**	**1**	**0**	
	STATEWIDE TOTAL			**216**	**75**	

NOTES:

1) Hospitals whose names are in *ITALICS* and underlined are covered by one contract, although each service site is counted as a separate hospital because they are located in separate HFPAs or have separate provider numbers. Other contract hospitals with multiple service sites but utilizing only one provider number for billing purposes have the number of service sites noted in parentheses and are not counted as separate hospitals.

2) All Areas listed in Appendix B are designated as Closed except for HFPAs 517-Los Banos, 705-Salinas and 1014-Huntington Beach.

SOURCE: California Medical Assistance Commission Management Information System